**Discharge Instructions**

Notify your doctor at __________ for any of the following:

- Fever 101 or higher.
- Unable to tolerate fluids/ nausea and/or vomiting the day following your surgery.
- Bright red excessive bleeding
- Reaction or suspected reaction to any prescribed medicines.
- Pain uncontrolled with regular use of pain medicine.

While taking pain medicines:

- Do not drink alcohol.
- Do not operate machinery or drive.
- Take medicine with food or milk.
- Take as prescribed, do not exceed recommended dosage or frequency.
- Prescriptions given today for: _____________

Side effects to an anesthetic, which you may experience:

- Headache/sleepiness
- Sore throat/Dry mouth
- Nausea/loss of appetite. You should be able to tolerate fluids.

If you received an interscalene block (shoulder surgery patients) you may also have:

- Numbness to operative side lasting greater than 12 hours.
- Droopy eyelid/face to operative side.
- Numbness to throat on operative side.
- Sensation of difficulty breathing on operative side.

If you received a block type anesthetic (other than interscalene) you may experience:

- Numbness to operative extremity, which may last several hours.

**Activity:**

- You must go home and rest today. No driving or strenuous activity.
- Elevate the operative extremity above the heart level when resting. Shoulder surgery patients should not lay flat, but sleep with head/shoulders propped on pillows or resting in a recliner.

- **Boxes:**
  - [ ] You will need to use crutches.
  - [ ] No weight to operative side until after follow up visit with doctor.
  - [ ] No weight to operative side for 48 hours. Advance weight as tolerable after 48 hours.
  - [ ] Partial weight bearing to operative side.
  - [ ] Weight bearing as tolerated to operative side.

**Ice:**

- [ ] Apply ice packs to operative area for 20 minutes each time, every 2 hours for ________ days while awake, then as needed.
  - [ ] Special instructions:

**Diet:**

Drink plenty of fluids today. You may resume your regular diet upon discharge today. Be conservative and do not consume a heavy meal, greasy or spicy foods immediately after discharge.

**Follow up:**

Your doctor wants to see you for a follow up visit:

- [ ] as scheduled  [ ] in ________ day/weeks

Call the ______________ office to schedule at ______________ or if any questions/problems.

**Dressing change/care:**

- [ ] You may change dressing in _____ days, change to band aids/gauze.
- [ ] You may reinforce the dressing if it becomes soiled.
- [ ] Do not remove steri-strips (tape strips) or petroleum covered gauze.
- [ ] Your dressing will be changed in the office.
- [ ] Do not get incision area wet until ____________.

**Sling/Brace:**

- [ ] Wear the _________ to operative limb until follow up appt with doctor.
- [ ] Wear the _________ to operative limb until the nerve block has worn off and full sensation returns to prevent accidental injury.
- [ ] Wear the immobilizer until follow up appt.
- [ ] Perform range of motion exercises/shoulder exercises ________ day for ___ days/weeks.
- [ ] Start CPM/Physical Therapy ____________.

Family/friend signature______________________

RN signature______________________ date ____________